



(Revised October 2008)

Teacher Time Documentation Form

(For in-school staff who provide **only** Direct nutrition education)

Name _____ School _____ Grade(s) _____

Please Print

| | |
|--------------------------------|----------------------------|
| For month of: | October |
| Week Ending (mm/dd/yy): | Total Direct Hours: |
| 10/1/10 | |
| 10/4/10—10/8/10 | |
| 10/11/10—10/15/10 | |
| 10/18/10—10/22/10 | |
| 10/25/10—10/29/10 | |
| Total Hours: | |

Note: Direct Hours includes time spent providing, preparing for, and traveling to and from nutrition education activities.

| | |
|----------------------------|--|
| Number of Students: | |
|----------------------------|--|

Note: Enter the number of students currently enrolled in your class.

| | |
|--------------------------------------|--|
| Estimated Length of Sessions: | |
| Shortest: | |
| Longest: | |

Note: Enter the shortest and longest amount of time spent on nutrition education

Please enter the **number of times** you taught the following nutrition/physical activity topics to your students this month:

| # | Topic | # | Topic |
|---|---|---|-------------------------------|
| | A – Fat Free & Low Fat Milk or Equivalent (and Alternative Calcium Sources) | | J – Promote Healthy Weight |
| | B – Fats and Oils | | K – Sodium & Potassium |
| | C – Fiber Rich Foods | | L – Whole Grains |
| | D – Food Shopping / Preparation | | M – Food Safety |
| | E – Fruits & Vegetables | | N – Other – Breastfeeding |
| | F – Lean Meat & Beans | | O – Other – Folic Acid |
| | G – Limit Added Sugars or Caloric Sweeteners | | P – Other – All Content Areas |
| | H – MyPyramid – Healthy Eating Plan | | Q – Hydration |
| | I – Physical Activity | | |

Note: Topics taught at separate times should each be counted separately. However, if two (2) or more topics are taught together they should be counted as MyPyramid. For example, if Fruits & Veggies are taught in one session and Whole Grains are taught in a separate session then these would each be counted once. If they were both taught together in the same session then it would be counted as MyPyramid.

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

Send Completed forms to: Cherilyn Yazzie 117 East Buffalo Street, Holbrook, AZ 86025 or Fax: (928) 524-4754
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